

2015/2016 PROGRAM REGISTRATION FORM
 (SCHOOL YEAR)

A PROGRAM OF COLUMBUS RECREATION AND PARKS DEPARTMENT
ALL INFORMATION MUST BE FILLED OUT COMPLETELY AND MUST BE LEGIBLE

PROGRAM SITE (CIRCLE ONE): BEATTY FEDDERSEN SULLIVANT GARDENS MARION FRANKLIN

PARTICIPANT

Child's name _____ Male/Female(circle one) Grade in fall _____

Birth date: ____/____/____ Age: _____ School _____ Teacher _____

Health Conditions (circle all the apply):

Speech Impairment Hearing Impairment Vision Impairment Asthma Diabetes
 ADD ADHD ODD Bleeding/Clotting Disorders Convulsions Frequent Ear Infections Insect stings and hay fever
 Allergy restrictions _____ Treatment for allergies _____ Medications _____
 Activities to be encouraged or limited: _____ Other health information: _____
 Any food allergies: _____

**Please note: Medical information must be accurate. We are not to dispense medicine of any sort to participants.*

PARENT/GUARDIAN INFORMATION

Name of Parent(s) or Guardian(s) of child _____

Address _____ Zip _____ Home phone (____) _____

Work phone: (____) _____ Cell phone (____) _____ E-mail (Optional) _____

Phone number to reach you between 9:00 and 6:00 pm (____) _____

Child resides primarily with (circle one): Mother Father Mother/Father Other: _____

EMERGENCY CONTACTS (OTHER THAN PARENTS)

| NAME | Home Phone | Cell Phone | Work Phone | Relationship |
|----------|------------|------------|------------|--------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |

I.D. is required when first picking up the child

THIS PROGRAM IS SUPPORTED BY THE CITY OF COLUMBUS, COMMUNITY DEVELOPMENT BLOCK GRANT. WE ARE REQUIRED TO REPORT THE FOLLOWING INFORMATION ABOUT THE FAMILIES THAT RECEIVE THIS SERVICE. ALL AREAS MUST BE FILLED IN.

Please check the categories your child is identified as (You can circle more than one) :

American Indian Alaska Native Asian Black or African American Native Hawaiian/Other Pacific Islander Hispanic/Latino
 White/Caucasian Other Continents: _____ (please explain)

Note: If for some reason you chose not to identify yourself please let the Site Director know.

Is household a female-headed household? Yes ____ No ____

Please circle the appropriate income based upon the number of members in your household.

PLEASE REFER TO THE ATTACHED INCOME SHEET

ARRIVAL TO PROGRAMMING (FOR AFTERSCHOOL PROGRAM)

☐ My child will be arriving at _____ by: car school bus walking (please circle one)

☐ My child needs to be picked up at _____ (approved school name) at dismissal

CAPITAL KIDS EMERGENCY MEDICAL AUTHORIZATION

(You **must** complete all sections of **either** Part 1 or Part 2 of this section. **Do not** complete both)

Part 1: Permission to transport child: In the event of an emergency, I _____ hereby give the Emergency Medical Service (EMS) permission to take my child to the following medical and dental facilities or to the nearest available source of help.. I understand that staff will give children basic first aid when necessary.

Parent/Guardian signature _____ Date _____

OR

Part 2: Refusal to give permission to transport child. I _____ **DO NOT** give permission to take my child to a medical or dental facility. I understand that staff will give participants basic first aid when necessary, but if an illness or injury requires emergency treatment, please do the following: _____

Parent/Guardian signature _____ Date _____

Does your child have health insurance coverage such as Medicaid, Healthy Start, or private insurer? Yes ___ No ___

INFORMATION/PHOTOGRAPHY RELEASE

The staff, the media, and programming partners with permission from the City of Columbus Recreation and Parks Department, may photograph or videotape my child for educational and public relations purposes.

Signature _____ Date _____

FIELD TRIP, ROUTINE AND ACTIVITY RELEASE

I give permission for my child to participate in all field trips, routine trips, and activities offered by the Capital Kids Program. These trips may include walks to parks, libraries, or other places close to the center. They are for educational and recreational purposes of the program. I understand while staff attempts to tell parents when they will leave for a trip, sometimes trips are spontaneous, and parents cannot be told in advance. The center will always know when the group left and when to be expected back. I also authorize the City of Columbus to do everything necessary to make sure of my child's health and safety in case of an emergency. I agree to not hold the City of Columbus, staff and sponsors of the program responsible for property damage or injury that results from my child's participation in this program.

Signature _____ Date _____

I also authorize the City of Columbus to do everything necessary to make sure of my child's health and safety in case of an emergency. I agree to not hold the City of Columbus, and the leaders and sponsors of the program, responsible for property damage or injury that results from my child's participation in this program.

Signature _____ Date _____

ACADEMIC AND SCHOOL HEALTH RECORDS RELEASE

I understand in order to meet the academic needs of my child, the program will be working with my child's school. I give permission to the site director to obtain my child's school attendance records, reading and math levels, and report cards.

To meet the health needs of my child, the program will work closely with the school Nurse to facilitate health screenings, control communicable disease and incorporate health education awareness. I give permission to the Site Director to obtain health records from the school Nurse and seek their counsel to ensure my child is healthy. All information obtained from academic and health records will be confidential. The parent/guardian will be informed and included in all consultations.

Signature _____ Date _____

I certify that the above information is true to the best of my knowledge. I also understand that by knowingly submitting false information may be grounds for dismissal from this program.

Signature _____ Date _____

THE CAPITAL KIDS ENRICHMENT PROGRAM

School Year Program

2015/2016

I, the Parent/Guardian agree to the following:

- I will regularly check the Parent/Guardian Corner to learn of current events or any changes in the Capital Kids program.
- I know parents are always welcome at Capital Kids. I know I may come and sign my child out at any time during the program, however, if possible, I will notify the site director in advance so they can alter meal and field trip counts.
- It is expected that participants will attend every day, I will inform the site director or leave a message at the site if my child is not attending the program on that day. My child may be dismissed from the program if I do not contact Capital Kids or if there are excessive absences.
- I know the Capital Kids program ends at **6:00pm**. I will do everything I can to make sure my child is picked up by 6:00pm. If I have an urgent situation, it is my responsibility to call the Capital Kids site director. In the event that contact is not made and staff is not able to reach anyone on the emergency contact list, they will contact the Columbus Police Department to escort the child(ren) to Franklin County Children Services. If recovery of your child is necessary, that location is 525 E. Mound Street, Columbus, Ohio, 614.229.7100. If your child is taken to FCCS, you will receive a verbal alert on the first occurrence. If there is a second occurrence, you will receive a written notice that your child will be suspended from the Capital Kids program for the remainder of the session in which they are enrolled.
- A late pick up fee will apply. The fee is \$1 per minute after pick up time and is due within two weeks from the occurrence. Our staff have families also, so please be considerate.
- If my child is posing serious or recurring discipline problems, he/she may be suspended or removed from the program. If your child is removed, Capital Kids staff will decide if my child can come back to the program at a later date.
- Parent conferences with Capital Kids staff are welcome and encouraged. If I would like such a conference, I will contact the staff.
- I will keep the Site Director informed of any changes in the registration information. (i.e. address, telephone numbers, etc.)
- The Capital Kids program operates on the same schedule as Columbus Public Schools. There may be a few holidays that the schools are open but city offices are not. In those cases, there is no programming.
- If I have any serious concerns relative to staff or program site, I will contact the Program Director at 614.645.3330.

I agree to follow all the requirements listed above, as well as all the rules in the Program Handbook.

Parent/Guardian Signature _____ Date _____

Name(s) of enrolled children _____